

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10748092**
APPLICANT(S)

FILED DATE **12-29-03**

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
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14						
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17						
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19						
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21	1					
22		1				
23		1				
24		1				
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29	1					
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31		1				
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33	1					
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35	1					
36	1					
37	1					
38	1					
39	1					
40	1					
41	1					
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	10					
TOTAL DEP.	11					
TOTAL CLAIMS	21					

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51												
52												
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100												
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												